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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Complete if Known	
		Application Number	09/736,857
		Filing Date	12/14/2000
		First Named Inventor	Thomas Michael Bauer
		Examiner Name	Alan Elahae
Group/Art Unit		2687	
Total number of pages in this Submission: this page, plus		// Attorney Docket ID	
		Bauer 2000-0022	

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<input type="checkbox"/> Fee Form (<input type="checkbox"/> Check included) If Fee Form is not included, but a fee is due, the Commissioner is Authorized to charge Deposit Account No 500732 of Henry T. Brendzel and consider that appropriate requests have been made.	<input type="checkbox"/> Declaration (no Missing Parts Notice) <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (TO/SB/68) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address <input type="checkbox"/> Express Abandonment <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> To Convert to Statutory Invention Registration	<input type="checkbox"/> Postcard(s) <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for a Refund <input type="checkbox"/> After Allowance Communication to group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.2 or 1.53		

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